

INDIANA UNIVERSITY GRADUATE SCHOOL

Minor in PhD Program
(Please Type)

Name of Student _____ Univ ID _____

Department _____ Birth Date _____

Major _____ Minor _____

Major Advisor: _____ Minor Advisor: _____

Proposed Courses in Minor Area:

<u>Department</u>	<u>Course Number</u>	<u>Title</u>	<u>Credit Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Comments:

Approved/Minor Advisor: _____ Date: _____

Approved/Major Advisor: _____ Date: _____

Approved/Associate Dean
University Graduate School: _____ Date: _____